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Native American Homelessness and Minneapolis' Infamous Tent City: Dispelling Myths and Stereotypes to Uncover Solutions

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In the summer of 2018, an affordable housing crisis in Minneapolis, Minnesota led to the erection of a homeless encampment infamously labeled, “Tent City.” Publicized by media as a camp for homeless Native Americans, pervasive myths and stereotypes filled the airwaves while public agencies and nonprofit organizations raced to find solutions to this community crisis before the cold winter months settled in. Written from the perspective of an Indigenous woman working in the social services sector of Minneapolis, along with her faculty advisor in a public and nonprofit graduate program, this article: 1) identifies issues of homelessness in Native American communities, 2) dispels myths and stereotypes about Native Americans that impede meaningful progress, 3) explores barriers to safe and secure housing for Native Americans and other marginalized communities, 4) identifies states and countries leading the way to solve homelessness, and 5) suggests best practices and solutions to the ongoing homelessness crisis.

Keywords: Aboriginal, Homelessness, Housing First, Indigenous, Native American

As is the case in much of the country, the Twin Cities area of Minnesota (e.g., Minneapolis and St. Paul) are experiencing an affordable housing crisis (Nelson-Dusek, 2017). In 2018, and in response to a shortage in housing and shelter beds, segments of the Twin Cities' homeless population developed an encampment that became known as Tent City, where more than 200 homeless community members erected camping-style tents along a highway in south Minneapolis. Tent City caused much commotion in the media, and coverage tended to focus solely on Native American inhabitants, perhaps due to its close physical proximity to the Little Earth of United Tribes Housing Complex (Lee, 2018). Although Native Americans comprised some of the homeless in the camp, media portrayal of the camp did not specify that only some, not all, of the homeless were Native Americans (Lyden, 2018). In addition, there was a characterization that most inhabitants were substance users, overlooking the important reality that there is a lack of shelter beds in the Twin Cities (Evans & Mannix, 2019).

What was lacking in media portrayals of 2018, and has come into greater public focus in 2020, are the wide racial disparities existing in this “progressive” city of the north. This is in reference to, of course, the intense international scrutiny for the killing of George Floyd at the hands of four Minneapolis police officers (Hill et al., 2020). Widespread and ongoing protests have

shed light on the fact that the Twin Cities have “some of the most abysmal numbers on racial inequality in the nation,” including income inequality, employment gaps, poverty, homeownership rates, incarceration rates, and educational opportunity gaps (Rosalsky, 2020a, para. 2). Systemic inequalities should not be uncoupled from local policing practices, and even the 2018 draft plan to deal with Tent City noted that “city and county officials [were] concerned that a law enforcement–first approach would stoke tension among homeless residents, put them at risk of jail, and ultimately make it more difficult for people to transition into shelter” (Evans & Mannix, 2019, para. 5). In other words, “embedded racism” and its links to aggressive policing are undeniable in Minneapolis (King & Inskeep, 2020, para. 4).

In the summer of 2020, Minneapolis was once again grappling with several homeless encampments erected in city parks. As of this writing, there are “tents at about 30 of the city’s 180 park properties” according to the Minneapolis Park Board, with as many as 560 tents at Minneapolis’ Powderhorn Park, with city officials trying to mitigate ongoing violence and COVID-19 safety issues (Nelson, 2020, para. 5). According to Reinan (2020), “About half the people at the encampment had previously received homelessness services from Hennepin County...and about 45% identify as Native American” (para. 5). As city officials determine their next move, it is acknowledged that “the encampments on the north end of [Powderhorn] park were formed after homeless residents were evicted from a hotel–turned–shelter” (Otárola, 2020, para. 2). As an example, one Minneapolis hotel had been housing more than 200 homeless individuals and families at the height of the “street protests [and] riots,” but “lacking other options...and seeking safety in numbers” when “ordered to vacate their rooms at the hotel,” tent encampments have once again formed (Serres, 2020, paras. 1–2).

Racial disparities visible during the ongoing COVID-19 pandemic are also framing this investigation (Rosalsky, 2020b). The housing crisis in Minneapolis is almost certainly being exasperated by COVID-19, which is disproportionately impacting marginalized communities. According to Wright and Merritt (2020), the pandemic is proving particularly damaging to “vulnerable communities” including “low–income individuals, people of color, Indigenous people, and senior citizens” (p. 3). The authors note that “systemic oppression and disenfranchisement...are further exasperated by COVID-19...[including] 1) healthcare inequality; 2) segregation, overall health, and food insecurity; 3) underrepresentation in government and the medical profession; and 4) inequalities in participatory democracy and public engagement” (p. 5). In other words, these issues continue, making the recommendations set forth in this paper even more relevant.

Using Tent City as an anchoring backdrop, this paper 1) identifies issues and trends of homelessness in Native American communities, both current and historical; 2) dispels myths and stereotypes about Native Americans that impede meaningful progress; 3) explores barriers to safe and secure housing for Native Americans and other marginalized communities; 4) identifies states and countries leading the way to solve homelessness; and 5) suggests best practices and solutions to the ongoing homelessness crisis. Findings and takeaways include: 1) the need for culturally specific services to include trauma–informed therapy and treatment, 2) exploration of a Housing First initiative, 3) addressing systemic and structural barriers to home placements rather than focusing solely on individual behaviors, and 4) the critical need for nonprofit/social service organizations and public agencies to examine their own organizational implicit and explicit biases, with deeper reflection on how these biases intentionally or unintentionally perpetuate cycles of homelessness.

Tent City: A Closer Look

In the summer and fall of 2018, Tent City was erected on a stretch of vacant land near a freeway in south Minneapolis, where homeless Twin Cities residents set up camping–style tents as temporary homes. The camp location was in close proximity to the Little Earth of United

Tribes Housing Complex, so perhaps this led to the portrayal by media that Tent City consisted of all Native American people (Nesterak, 2018a). However, Native Americans struggling with chemical dependency were hardly the majority of the near 200 residents of Tent City in Minneapolis, Minnesota (Serres, 2018a). The Red Lake Indian Reservation in northern Minnesota stepped into action during the Tent City crisis, offering a solution to Minneapolis Mayor Jacob Frey to temporarily house all encampment residents and to build a nearby apartment building for low-income people of all affected races as a more permanent solution than the outdoor tents (Lee, 2019; Sepic & Nesterak, 2018). This intervention also may have led to the characterization that only Native Americans were experiencing homelessness of this nature.

This prevailing media narrative, focused on Native Americans and substance abuse in both 2018 and again in 2020, obscure the fact that the Twin Cities homelessness crisis is more accurately a product of “racist and discriminatory economic and housing policies (such as red lining), along with generational poverty, [which] continue to play a role in the overrepresentation of African American and American Indian people in the homeless population” (Pittman et al., 2020a, p. 7). For example, it was not helpful to have media using catchphrases such as the “Wall of Forgotten Natives” or “Drug City” or “Heroin Alley” in popular publications such as *Minneapolis City Pages*, *CBS*, *The Guardian*, *Minneapolis Star Tribune*, and social media (Chuculate, 2020; Davis, 2018; Du, 2018; Monet, 2018; Serres, 2018b). In reality, “at least three pregnant women...five families with school-age children...and people with disabilities” lived there alongside elderly people, including white, Black, and Latinx Americans (Du, 2018, para. 6; Serres, 2018a, paras. 12–13). Thus, due to sensationalized news stories and stereotypes begetting pervasive myths and stereotypes about Native Americans, much of the services sent to Tent City were primarily aimed toward substance abuse (Nesterak, 2018a). Logically, given that much of the services provided were geared toward addiction, the idea that the camp was comprised entirely of Native American drug users was widely publicized.

These inaccurate portrayals of Tent City were detrimental to the Twin Cities Indigenous community, in the way that stereotypes often are. While families and children of all backgrounds awaited help from social workers, the media misrepresentation characterizing Tent City as a place entirely occupied by drug users led to donation of a surplus of clean IV kits (Lee, 2018). However, services providing more comprehensive and basic healthcare may have been more appropriate given the actual needs of the people living there (Serres, 2018a). Also, because drug-related services were the focus of many aid programs, families waited longer for services unrelated to drugs (Lee 2018; Nesterak, 2018a; Serres, 2018a). This delay was detrimental to families and children, sick people, and elderly people, who all desperately sought help (Nesterak, 2018a; Serres, 2018a).

Tent City was also a favorite of the national news. According to Monet (2018), *The Guardian* reported an eye-catching story, “City Camp is a site of Native American homelessness, heroin, and hope,” and *The Globe Post* reported a story titled, “Homelessness, drug use rife at Native American Tent City,” but cited no direct sources for their claims, and wrote “most of the more than 200 people here are Native Americans, who have spontaneously gathered since the spring in this otherwise economically prosperous city” with no author identified (*The Globe Post*, 2018, para. 2). *The Globe Post* was contacted by the first author regarding the sensationalized headline and misinformation, but *The Globe Post* offered no comment.

At Tent City, a group called Natives Against Heroin (NAH) took charge of the spotlight, directing funding, supplies, and helped outside housing organizations find people at the camp. Though their efforts may have been well-intentioned, a potential side effect of their work may have further facilitated misinformed and destructive narratives (Lee 2018; Lyden, 2018). In a statement from the Metropolitan Urban Indian Directors, it was noted that “NAH’s behavior and tactics have the effect of dividing our community, creating distrust, suspicion and fear,

and are not Indigenous values” (WCCO, 2018, para. 3). Later, their leader was investigated for suspected dealing of heroin at the camp, though the outcome of the investigation is unknown (KMSB, 2018; State of Minnesota, County of Hennepin, Application for Search Warrant, 2018). NAH also established a GoFundMe page which last reported just under \$15,000 raised; however, given it is not registered as a nonprofit entity, it is unclear how the revenues were spent (GoFundMe, 2018).

Weaver asks, How can we help people if we do not first have a clear understanding of their needs and/or properly assess their problems through direct communication and research (1999)? Why then, did the media focus most heavily on drug use, such as “passing out kits with new needles and naloxone” (Lee, 2018, para. 11)? Did the media coverage stereotyping Native Americans as drug users impact the receipt of services (Burkley et al., 2017)? Why hadn’t there been more comprehensive media coverage of Tent City, especially in terms of the systemic issues of racism and poverty in Minneapolis, which are once again being amplified in the widespread national protests after the tragic death of Mr. George Floyd?

Unfortunately, stereotypes and media inaccuracy impeding services in times of crisis is an all too familiar narrative in America (Edwards, 2015). The devastating impacts of Hurricane Katrina provide a comparison and demonstrate how government confusion, misguided media, and delays can literally be deadly for communities, as the areas most drastically affected by Hurricane Katrina were already marginalized and impoverished (Edwards, 2015). As of April 2020, Hurricane Katrina was still the most expensive natural disaster to date (Statista, 2020). If the government had acted with urgency and sound policy to correctly assess the crisis and dispel media sponsored confusion, more lives may have been saved (Lopez, 2015). Of course, in many tragedies, death is inevitable and sadly there were four reported overdoses resulting in death at Tent City, but it is unclear if all (or none) were Tent City residents. Nevertheless, most residents reflected typical homelessness qualities: elderly, people with healthcare issues, families, and disproportionate numbers of people of color (Pittman et al., 2020; Serres, 2018c, 2018d). Therefore, the services offered to the inhabitants of Tent City should have reflected the diverse needs of its residents.

Humanitarian efforts can be problematic in struggling and developing countries, as well as in marginalized areas such as Tent City (Lehman, 2017). According to the World Health Organization (WHO), in a report titled WHO on Medical Device Donations, “Only 10–30% of donated equipment becomes operational in developing countries...the rest end up in hospital corridors or patient rooms or litter the outskirts of villages, [and] sometimes they become playthings for children” (Bhadelia, 2016, para. 7). Experts suggest that the biggest problem with these types of efforts is that those who help or donate only help in ways they want and only for the time period that the problem is popular or visible. Consequently, these efforts are not the most effective in addressing and remedying the specific issues (Lehman, 2017).

Native Americans and Homelessness

For the purposes of this paper, definitions of homelessness include episodic homelessness, meaning “individuals who are currently homeless and have experienced at least three periods of homelessness in the previous year” (Jaggi, 2019a, para. 3). It also includes those who are experiencing chronic homelessness, meaning several episodes of homelessness in 3–4 years, based on Housing and Urban Development (HUD) or Group Residential Housing (GRH)/Housing Support definitions (Minnesota Department of Human Services, 2018; St. Stephen’s Human Services, 2017).

Native Americans make up approximately 1% of the population in the Twin Cities region of Minnesota, including Hennepin County (Minneapolis) and Ramsey County (St. Paul), but make up approximately 4–6% of the homeless population (Gerrard et al., 2015; Heineman et

al., 2015; U.S. Census Bureau, 2018a; U.S. Census Bureau, 2018b). Native Americans are overrepresented in the Twin Cities homeless populations, but why? Some are indeed coping with mental health issues, suffering from addiction, or escaping an environment of abuse. However, taken in tandem with the lack of shelter housing and affordable housing in the Twin Cities, and with some Native Americans having a healthy distrust of government or related organizations, the Twin Cities' Native homeless population tends to experience a heightened level of critical exposure (Nelson-Dusak, 2017; Nilsson, 2018; Pacheco et al., 2013; Pittman et al., 2020).

In addition, a major cause of chronic homelessness today is being sick and not being able to simultaneously afford adequate healthcare and housing (Nelson-Dusek, 2017; Pittman et al., 2020). Thus, when considering that, "American Indians have some of the poorest documented health outcomes of any racial/ethnic group," it logically follows that homelessness generally disproportionately impacts Native Americans (Nelson-Dusek, 2017; Pacheco et al., 2013, para. 1; Pittman et al., 2020).

What cannot be ignored in this conversation is the fact that the U.S. government historically actively participated in Native American genocide and the systemic removal of Native Americans from their homes to inadequate conditions on Indian Reservations, along with the impacts of racial covenants and red lining (Delegard, 2019; Kaul, 2019; Osten, 2016; Prucha, 2000). Racial covenants are well understood to be contracts in real estate that prohibit the sale of homes to people of color, and red lining is the systemic denial of housing to people of color (Kaul, 2019; Mapping Prejudice, 2019). This was legal segregation for many years in Minnesota—sometimes identified as Jim Crow in the North (Institute on Metropolitan Opportunity, U of M Law School, 2019; Kaul, 2019; Mapping Prejudice, 2019; Osten, 2016).

There are also systemic issues on Indian Reservations preventing most Native Americans from building wealth since they are not able to purchase property on Tribal Lands (Regan, 2014). The federal government forced Native Americans onto unwanted lands that made inhabitation and farming difficult (Prucha, 2000). These lands are allocated to the tribe but often held in trust by the United States government and cannot be sold, and parcels cannot be mortgaged to build a house (Schaefer Riley, 2016). The tribes cannot develop the land without federal government scrutiny, and Native American people are left without the ability to buy, own, sell, build, or inherit property, excluding them from generational wealth (Schaefer Riley, 2016).

Many countries with Indigenous communities and a history of colonialism face barriers when it comes to housing. For example, Australia's history is rife with housing discrimination along with "colonization, dispossession, and racism" leading to higher rates of homelessness for aboriginal people (Daley, 2017, para. 7; Martin et al., 2019). Australia assigns a three-strikes policy, which are identified as "disturbance, dangerous behavior, serious disruptive behavior, and minor disruptive behavior," but who is determining these disturbances and whether the determination is fair or not contributes to impaired rental records (Peters, 2016, p. 301). Thus, the three-strikes policy is a systematic discriminative practice of Australia's public housing that contributes to homelessness (Peters, 2016). This criminalization process disproportionately impacts Indigenous people compared to their white counterparts and leaves them more likely to face chronic homelessness (Peters, 2016). In this way, stereotypes of Indigenous people are exacerbated and spread through the criminalization of the three-strikes system; because of their criminal record, they cannot get housing, reflecting a vicious cycle (Peters, 2016).

Canada also has a history of housing practices that disproportionately impact and displace Indigenous people and minorities (Homeless Hub, 2019b; U.S. Department of Housing and Urban Development, 2012). In fact, "due to Canada's history of colonization of Indigenous Peoples and their land, Indigenous Peoples are overrepresented amongst those experiencing homelessness in virtually all urban centers in Canada" (Housing Hub, 2019b, para. 2). Also, studies note that the situation in Canada will not improve "without including voices of the

homeless,” and, as such, “any attempts to design and develop meaningful long-term initiatives run [the] risk of failing” (Peters, 2016, p. 116).

As a result of years of colonialism and systemic discrimination, New Zealand also has a disparate number of homeless Maori, the Indigenous people of New Zealand (Peters, 2016). Colonial New Zealanders anticipated that the aboriginal people would die out as “expectations of extinction were popularly expressed through ostentation memorials and commissioned art fare-welling the ‘noble savage’” (Peters, 2016, pp. 324–325). Given the history of systemic racism, one of the major issues in New Zealand is that the government does not have enough data on its homeless Indigenous community. Thus, with key data missing from the equation, housing efforts for this endangered community are inhibited (Peters, 2016).

Alaska is another place with a history of systemic issues in government and public education leading to homelessness/chronic homelessness for Native Americans (Barnhardt, 2001). In Alaska, Native women and children are a majority of the homeless (Christensen et al., 2017). For Native Alaskan women, “Episodic homelessness, [stems from] histories of domestic violence, sexual assault, and growing up in [or losing custody of children to] the foster care system...anecdotal accounts of ethnic discrimination, substance abuse, incarceration, and...the child welfare system” (Christensen et al., 2017, p. 351). Other causes of homelessness in Alaska are “geographical flows of people, resources, social upheaval, and poverty” (p. 351). Studies show, “Behaviors typically seen by the general public as antisocial and as problems in need of fixing...are in fact part of an adaptive survival system that manages (and sometimes reinforces) the harmful stigmas that Alaska Native people living homeless encounter” (p. 351). These problems are perpetuated from a lack of resources and housing options; they are symptoms of poverty and oppression (Baxter, 2018).

A final example pertains to the Indigenous peoples of Hawaii. In 1893, the U.S. government overthrew the Hawaiian Indigenous monarchy in the name of business exploitation, and, in 1993, the U.S. government finally apologized for it (Swindle, 2012). With one of the highest rates of homelessness in the United States, Hawaii also faces homelessness caused by systemic issues, whether health issues or impaired rental records, or even criminal records, and the lack of harm reduction housing contributes to this issue (The Economist, 2014). Native Hawaiians also face stereotypes: “The people Indigenous to the Hawaiian Islands, are impoverished only in quality of life...[and] only recently has the myth that native Hawaiians are carefree people living in a tropical paradise been dispelled” (Mokuau, 1990, para. 1).

Dispelling Myths and Stereotypes and Native Americans

Since the inception of this nation, myths about Native Americans have been entrenched in historical narratives (Burkley et al., 2017). It is a problem that many voters, as well as those who write, enact, or implement public policy with potential ramifications on the Native American Community, have never or rarely interacted with a Native American person (Burkley et al., 2017). In fact, “most Americans have no direct or personal experience with Native American people...[they] constitute 1.7% of the American population...22% live on reservations, and most live within just a few states” (Burkley et al., 2017, p. 209).

Fears among eligible voters surrounding Native Americans regarding chronic homelessness, coupled with incorrect assumptions that Native Americans are lazy or substance abusers, can prevent services in reaching Native American groups (Burkley et al., 2017). Perpetuating these myths can prevent services because voters are less likely to feel sympathetic or feel like initiatives geared toward easing these issues are not necessary, valuable, or needed (Salzberg, 2016). Stereotypes have the effect of preventing services from reaching marginalized groups and impact the quality of services that they receive, including a lack of studies to explore the issue, especially those pertaining to public health (Aronson et al., 2013).

There are common myths and stereotypes about Native Americans that are simply untrue. They propagate narratives that most or all homeless Native Americans are suffering from substance abuse issues, such as what was seen with the media portrayal of Tent City. Other narratives promote the idea that Native Americans choose to be homeless because they receive free and guaranteed money or housing from the government, or that Native Americans are criminals, or that they have casinos and are rich, or that they attend college for free, and even that they do not pay taxes (Burkley et al., 2017; Housing Hub, 2019a; Native American Rights Fund [NARF], n.d.; Nilsson, 2018; Partnership with Native Americans, 2019).

Unfortunately, there have been many examples of organizations propagating Native American stereotypes for personal gain and/or funding. One example of this is St. Joseph's Indian School (Rose, 2014). The fundraisers for this boarding school propagated stereotypes about the Native American Community, namely using fake pictures and stories dubbed "poverty porn" to solicit funding (Fitzpatrick & Griffin, 2014, para. 14). One of the fake stories' that fundraisers devised was a quote from a child, claiming "My dad drinks and hits me...my mom chose drugs over me...my home on the reservation isn't a safe place for me to be" (Fitzpatrick & Griffin, 2014, para. 1). To add insult to injury, some tribes suffer from internal corruption like any form of government, and this can delay resources reaching those in need (Federal Bureau of Investigation, 2015). Fortunately, in 2014, the Crow Creek Tribe was able to speak out against St Joseph's, and the boarding school promised not to partake in that type of fundraising again (Fitzpatrick & Griffin, 2014; Rose, 2014).

Tugging on heartstrings or fabricating stories for money is not uncommon in any community; it happens everywhere (Gajanan, 2018). A New Jersey couple recently used a story and picture of a homeless veteran to scam many out of money and were court-ordered to give the money back; this man was chronically homeless, but the story was fake and played on stereotypes for money and recognition (Hefler, 2019). In the same way that stereotypes about Native Americans are destructive, this type of message is harmful to veterans and those who have a real story to share. Any time we objectify people in groups, this is the danger of what can happen, and it does happen more than people may realize.

Let us examine the validity of some of the pervasive stereotypes and call into question the accuracy of such media portrayals about Native Americans (see Table 1).

Barriers to Housing and Services

Although myths and stereotypes about Native Americans helped fuel the inaccurate portrayals of residents at Tent City, it emerged and flourished in part because of housing barriers in the Twin Cities (Lee, 2018). This is following a national trend in homelessness impacting more than just Native American communities (Lee, 2018). In general, the Twin Cities is confronting an affordable housing crisis as there is not enough affordable housing to accommodate seniors, families, members of the LGBTQ community, or otherwise culturally specific minority groups (Lee, 2018). Coupled with poorly funded shelters in the city, people experiencing difficulties in securing permanent housing face heightened plights (Lee, 2018; United States Interagency Council on Homelessness [USICH], 2010). The affordable housing shortage and dearth of resources for those with criminal records and flawed rental history, such as unlawful detainers, evictions, lack of rental history, or those with bad or no credit, enable landlords to selectively and, often times, discriminatively rent to tenants (Nesterak, 2018b).

The crisis of homelessness and its financial, social, and cultural implications have negative implications for everyone (Amster, 2008). One major barrier to housing the homeless and perhaps the most obvious one is that there just are not enough beds or places for them, and many shelters in Minneapolis including St. Stephens are nearly always operating at capacity (Wagner, 2018). There is also a common belief that there are plenty of services for those

Table 1. Myths and Truths About Native Americans

Myth	Truth
<p>Native Americans are all substance users.</p> <p>“The trope is deeply woven into American social narratives (perpetuated both in popular culture and in scholarly circles) and it plays out in a number of ways. For instance, the drunken Indian male (a version of the degraded Indian) is often seen as morally deficient because of his inability to control himself, making him a menace to society” (Dunbar-Ortiz & Gilio-Whitaker, 2016, para. 2).</p>	<p>Roughly 27% of Native Americana women and 29% of Native American men report daily heavy substance use, which is nearly equivalent to their white counterparts (Chartier et al., 2010). Substance abuse is only the 3rd leading cause of homelessness in general or among Native Americans or both (National Coalition for the Homeless, 2017). The impoverished alcoholic is highly visible compared to the alcoholic that is not visible within their home and/or in more socially acceptable circumstances.</p>
<p>Native Americans all get free college.</p> <p>The myth that Native Americans get free college stems from some treaties that were signed, which assured that Native American children would get an education, but had nothing to do with college. When it comes to higher education, there is not free college for Native Americans, “Native American students must compete for scholarships along with other Americans” (Partnership with Native Americans, 2019, para. 5).</p>	<p>To be eligible for scholarships, one must first be a registered member of a federally recognized tribe. This is significant; while “567 federally recognized tribes exist in the US...another 460 tribes are unrecognized” (Oliff, 2013, para. 4). While some tribes do offer affordable technical and two–.year community colleges, Native Americans are just like any other college student and must qualify for scholarships, loans, and/or grants. Thus, many Native Americans must find funds and means to pay for college just like everyone else (Monkman, 2016).</p>
<p>Native Americans all benefit from casino revenues.</p> <p>It is a common belief that “non–native people generally assume Indians are getting rich from tribal casinos, and often engage in intensive question–and–answer sessions when challenged...people have difficulty reconciling public myth with factual information, especially about a subject so politicized” and this likely originates from the Indian Gaming Regulatory Act that was passed in 1988 (Robertson, 2017, para. 2). Since Tribes have the <i>approval</i> to have casinos, it is assumed that most <i>would</i> have casinos, and this belief has been perpetuated since this time (Robertson, 2017).</p>	<p>Only 42% of all federally recognized tribes have casinos – that is, only ¼ of tribes have casinos. In addition, many casinos do not have significant revenue except to assist with routine reservation or tribal administration costs (National Indian Gaming Commission, 2015). “Contrary to what many Americans believe, most Native people are living in the desperate conditions. Despite being given ‘consent’ to operate casinos on their own sovereign land, most tribes are living a poverty that many Americans would never dream existed in their own backyard...most Americans [are] under the mistaken notion that Indian Tribes are wealthy because they have been ‘given’ a special privilege to operate casinos” (Wells, 2010, para. 1).</p>

Native Americans all get free government housing.

There is a widespread myth that Native Americans get free housing and this may stem from the fact that the Bureau of Indian Affairs does receive some funding for housing assistance, but “these homes are not free” and this funding is divided between “disaster relief, child welfare, education, tribal government, reservation roads, general assistance and Indian Self-Determination; the Office of Justice Services for law enforcement, tribal courts and detention facilities on tribal lands” (Partnership with Native Americans, 2019, para. 2–3).

Native Americans are criminals.

The idea that Native Americans are “savage” or of an inherent criminal nature is historically rooted in colonization and power. It was often the case that those who resisted Christianity, colonization, or forced civilization of their culture were bad, evil, or criminal, and this became “institutionalized throughout the nation and exported to other countries, these images and others include dual portrayals of the good Indian (those who help Europeans) and the bad Indian (those who resist Europeans)” (Hirschfelder & Molin, 2018, para. 4).

Native Americans do not pay taxes.

“It’s still a fairly common misconception that Native Americans pay no taxes whatsoever. Not true. ALL Native Americans are subject to federal income taxes but, because of the states’ inability to tax American Indians within reservation boundaries, individual Native Americans who live there do not pay state income taxes” (Berens, 2016, para. 7).

No, and they do not get free healthcare either (Bentley, 2015). Not only do Native Americans pay for housing they, “face some of the worst housing and living conditions in the United States,” (National Congress of American Indians, 2020, para. 1). For example, The National Congress of American Indians (NCAI) reports that “40% of reservation housing is considered substandard...and nearly one-third of homes on reservations are overcrowded” (National Congress of American Indians, 2020, para. 1–2). Furthermore, “the nation’s 5.2 million Native Americans have poorer health and less access to health care than the rest of the U.S. population...their uninsured rate is nearly 30%, compared to 15% for the country as a whole” (Vestal, 2013, para. 6).

Native Americans suffer as *victims* of crime at a significantly higher rate than the national average, notably “the violent victimizations...rate for American Indians (124 violent crimes per 1,000) was more than twice the rate for the Nation (50 per 1,000 persons)” (U.S. Department of Justice, 1999, p. 1). Also, among, “AI/AN (American Indian/Alaska Native) women, 56.1% have experienced sexual violence in their lifetime [and among those victims], 96% have experienced sexual violence by an interracial perpetrator” (NCAI Policy Research Center, 2018, pp. 1–2). Finally, “Native Americans are killed in police encounters at a higher rate than any other racial or ethnic group, according to data from the Centers for Disease Control and Prevention” (Hansen, 2017, para. 2).

“American Indians pay federal taxes on their income and capital gains, just as any other American does” (Trahant, 2018, para. 2). All Native Americans are subject to federal income taxes (Berens, 2016).

Native Americans are lazy, do not work.

Related to the casino riches myth is the myth that Native Americans are lazy and/or do not work due to gaming or in general because they are impoverished; however, this myth existed long before the Indian Gaming Act was passed in 1988. There is an extensive “history of stereotyping American Indians as lazy” (Fremstad & Stegman, 2015, p. 4). “The American Dream promises that anyone can make it if they work hard enough and play by the rules...anyone can make it by pulling themselves up by their “bootstraps,” whereby putting blame on those in poverty for being impoverished (Reich, 2019, para. 1).

Native Americans (and others) choose to be homeless.

It is a widespread, common belief that homeless people choose to be homeless, perhaps due to the freedom it provides, when in fact, “This myth is dangerous and allows us to ignore the trauma of homelessness and neurobiological effects trauma has on humans...being homeless is stressful, humiliating, exhausting, and dangerous” (Council for the Homeless, 2017, para. 1). In relation to this myth, there is the notion that homeless people are service resistant, a lost cause that cannot be helped (Polner, 2019).

In fact, 77% of Native Americans have a high school diploma and 13% have a four-year degree; of those 13%, 78% work in science and engineering (Ridgway, 2013). In 2000, the unemployment rate for Native Americans was only 7.4%. During the recession this doubled but has since dropped back down, and this number is only slightly higher than their white counterparts due to less employment opportunities on reservations (Bureau of Labor Statistics, 2018).

A harmful stereotype about homeless communities in general are that panhandlers are con artists (Keyes, 2013). Hustling, violence, and gangs are symptoms of lack of opportunities, poverty, and oppression (Muller, 2013; Roschelle, 2017). If people on the street panhandling or hustling had other opportunities to acquire wealth, they most likely would not be on the street (Tierney, 2013). “[T]he majority of American Indians live in cities, although very little federal funding is directed specifically toward them,” and almost no one chooses to be homeless (Eligon, 2018, para. 8; Schanes, 2010).

experiencing poverty and homelessness and this is simply untrue (Housing Hub, 2019a). In the winter, shelters are fully occupied leaving many homeless people on the street. Shelters in the Twin Cities need more funding, and more beds, if they are to temporarily accommodate the homeless (Chapman, 2019).

Another driving factor in chronic homelessness is “social isolation” which occurs when a homeless person is placed in housing away from the community they know and trust (USICH, 2010, p. 4). Some temporary housing facilities and housing projects are notorious for having safety and crime issues and/or often transfer residents too soon (Anderson, 2006; Nesterak, 2019). There is also a lack of funding for mental health services and delivery of these services, and this unmet need contributes to the proliferation of homelessness (USICH, 2010).

Policy barriers that contribute to current homelessness include narrow income qualifiers as well as the requirements of someone first being defined as chronically homeless before they can get services, which is often the case with HUD, Housing Support (formerly Group Residential Housing or GRH) and Coordinated Entry System policies (National Alliance to End Homelessness, 2015; Minnesota Department of Human Services, 2018; St. Stephen’s Human Services, 2017). These policies often define chronic homelessness as three to four episodes, continuous over three years, and are often conjoined with a plethora of reported traumatic experiences to categorize those most vulnerable, before divvying up the already underfunded resources (National Alliance to End Homelessness, 2015; St. Stephens Human Services, 2017). Accordingly, people who are not yet chronically homeless typically face trauma before they qualify as vulnerable enough to receive housing assistance (St. Stephens Human Services, 2017, p. 18). Along with these policies, those regarding strict sobriety in transitional housing also contribute to chronic homelessness (Burt, 2006).

Historical policies and practices have also generated some of the barriers that contribute to homelessness (Mapping Prejudice, 2019; Kaul, 2019). The Twin Cities has a long history of racial covenants such as red lining that were legal well into the 20th Century, and this, in part, has led to homelessness today (Institute on Metropolitan Opportunity, U of M Law School, 2019; Kaul, 2019; Mapping Prejudice, 2019; Osten, 2016). Racial covenants were not banned until the 1950’s in Minnesota, leaving a legacy of segregation still visible to this day (Delegard, 2019). Racial covenants and red lining prohibited people of color from accessing homes in desirable areas forcibly creating ghettos and a scarcity of affordable properties that people of color were legally permitted to access (Howell, 2017).

Furthermore, studies show poor people of color experience intersectionality when facing compounded barriers from being poor, from historical systemic racism, prejudice, trauma, and violence (Coaston, 2019). Due to this, they may be less able to overcome a minor setback. A “vehicle breaking down, a sick kid, or a utility shut off notice can quickly spiral to the loss of jobs, income, and housing” (Olivet & Dones, 2017, para. 4). Homelessness for people of color is an intersectional issue requiring an intersectional solution (Olivet & Dones, 2017).

States and Countries Leading the Way to Solving Homelessness

While barriers persist and sudden homelessness may never be solved, there are places that have found solutions to end chronic homelessness (Minnesota Legislative Reference Library, 2013; Salhani, 2016). For example, in Japan, while homelessness and chronic homelessness does not come from racial discrimination, it does come from “economic globalization” (Hasegawa, 2005, pp.992–994). High costs of housing as well as the growing working poor resulting from economic globalization are the culprits of homelessness in Japan (Hasegawa, 2005). Habitually ignored by both citizens and government alike, people become homeless as a result of health and mental health issues and other co-occurring issues (Scott, 2017). However, Japan has been successful at addressing this issue by providing layered services in

the form of temporary housing, mental health services, and job or career related programs (Salhani, 2016).

Finland is the only country in the European Union that is not experiencing an increase in homelessness (The Lancet, 2018). Since 2007, Finland has been using the Housing First model and is currently well on its way to ending chronic homelessness (Hopp, 2019). Housing First or Harm Reduction Housing is based on Maslow's Hierarchy of Needs, which recognizes that people cannot contribute to society or meet independent goals if they do not first have their most basic needs met, namely having a safe space to live (Maslow, 1943). Initially, Finland focused on people who were chronically homeless and built new housing to accommodate nearly 1,500 people; next it will focus on hidden homelessness, referring to people who are often cohabitating and do not have their own home (Hopp, 2019).

Medicine Hat in Alberta, Canada, has cultivated an effective policy on homelessness: "No person living without shelter goes more than 10 days" before receiving permanent housing placement (Salhani, 2016, para. 10). This approach has proven to be a better financial initiative than Alberta's previous housing efforts (Salhani, 2016). In fact, they are so successful that they are close to eliminating chronic homelessness (The Canadian Alliance to End Homelessness, 2019). In Medicine Hat, the government constantly evaluates all the services it provides in relation to all the identified problems of the community (The Canadian Alliance to End Homelessness, 2019). However, this process occurs alongside one fundamental value: the government does not blame a person for a housing placement that does not fit, instead it always seeks the systemic issues and the "quality of the interventions [the homeless are] being provided" (The Canadian Alliance to End Homelessness, 2019, para. 7). This is important because blaming homeless individuals and families for a circumstance that they did not create alone is haphazard and further prolongs homelessness and impedes access to services.

There are similar tendencies in the U.S. to adopt a Harm Reduction Model, and, in Alaska, the idea of Housing First has started trending (Baxter, 2018; RurAL CAP, 2019a; Tuttle, 2016). This model focuses on housing people regardless of their ability to stay sober and works to address mental health challenges (Jaggi, 2019b; National Alliance to End Homelessness, 2016). This model helps with housing no matter what, absent stringent qualifiers (Jaggi, 2019b; National Alliance to End Homelessness, 2016). This model is particularly helpful, because it is nearly impossible for people with mental health or addiction issues to focus on getting better, especially if they know that one mistake will make them homeless again and take away their opportunities (National Alliance to End Homelessness, 2016). This stress only propagates the cycle of homelessness (National Alliance to End Homelessness, 2016; Tierney, 2013).

Colorado's state government studied the Housing First initiative and found it saved "\$15,733 per year, per person in public costs for shelter, criminal justice, health care, emergency room, and behavioral health costs...the savings were enough to completely offset the cost of housing (\$13,400), and still save taxpayers \$2,373" (Snyder, 2015, para. 5). The obvious financial benefits have urged several groups to implement Housing First in Alaska, including Rural Alaska Community Action Program, Inc. (RurAl Cap), Alaska Housing Finance Corp, and the Juneau Housing First Collaborative (RurAL CAP, 2019a; Baxter, 2018). The RurAl Cap program also offers other types of important poverty intervention services including Head Start and Early Head Start that also afford access to mental health services for children who have experienced trauma or other difficult circumstances. This helps end generational poverty and prevent homelessness by leveling the playing field, giving them a better chance to succeed and escape homelessness and poverty (RurAl Cap, 2019b). Similarly, Hawaii is now implementing its own Housing First initiatives, but funding remains a concern (The Economist, 2014).

Best Practices and Solutions to Native American Homelessness

Homelessness is so complex that no one solution will fix it. Therefore, it is well documented that a comprehensive approach is best. First and foremost, any organization providing services should have a mechanism, such as a client–led governing board, that provides the organization with honest and transparent feedback, engagement, and input from those they serve (Peters, 2016). On a broader scale, governments must recognize that homelessness is a symptom of societal causes and should aim to implement more wide–scale initiatives that target structural issues rather than individual issues (The Canadian Alliance to End Homelessness, 2019). Culturally specific services can help inform best practices by including Native American communities in their own reconstruction of services; they must have a true voice in identifying their own solutions (Peters, 2016).

Fortunately, Minnesota has claimed to be on track to seek “partnerships with culturally specific communities, including Tribal Nations, [to] prioritize funding for efforts most successful at improving housing stability in communities disproportionately impacted by homelessness” (Minnesota Legislative Reference Library, 2013, p.38). In a study on Indian Child Welfare, a survey used a cultural approach to create a Native Needs Assessment to better understand the specific issues and needs of Native Communities (Leake et al., 2012). This involved meeting face–to–face, working *with* Tribes, engaging at–risk communities, incentivizing survey replies, and putting work and time into better understand the problems and needs of the children (Leake et al., 2012). As a result, the study obtained extensive data in legal processes, child welfare practices in the Tribes, and other data that had only previously been speculative (Leake et al., 2012). Without data and participation from at–risk and homeless communities, it is nearly impossible to assess and craft culturally responsive solutions (Peters, 2016). Therefore, without a culturally specific, comprehensive, community–based approach, systemic issues such as homelessness in the Indigenous community cannot be assessed, addressed, or resolved (Weaver, 1999).

Politics, policy, and funding are all tools that will contribute to solving chronic homelessness in the Twin Cities (Lee, 2018). Organizations are working on educating leaders and conducting cost–benefit analyses of Housing First initiatives versus the cost of inaction (Minnesota Legislative Reference Library, 2009). Constituents must hold politicians responsible for the lingering legacy of systemic racism, red lining, and racial covenants (Delegard, 2019; Kaul, 2019; Osten, 2016). Undoing systemic racism and discrimination against poor people and people of color is imperative in the battle to end homelessness.

Ongoing good faith efforts to prevent homelessness must include working on the root of the problems that lead to homelessness which are: defunded culturally based programs, wage stagnation, discriminating housing policies, health and health care disparities, racism, poverty, generational poverty, and gentrification (Minnesota Legislative Reference Library, 2009). Politicians must be educated on the true costs of poverty and homelessness, the loss of productivity, and the extremely high cost to the taxpayer when the government is nonresponsive to homelessness (Minnesota Legislative Reference Library, 2009). Additionally, there must be on–going evaluations concerning the efficacy of programs ensuring they are working (Minnesota Legislative Reference Library, 2009).

Fortunately, positive policy changes are on the horizon. Minneapolis Mayor Jacob Frey vowed to do something about homelessness during his campaign and after he was elected (Diamond, 2019). The Minneapolis City Council recently passed renter protection policy by liberally scaling back screening requirements for renters such as limiting criminal background checks and credit checks. It also capped the amount of security deposits charged by landlords (Lauritsen, 2019). Moreover, politicians are focused on policy related to health care issues and mental health options in the Twin Cities, as “too many people don’t have access to culturally appropriate or affordable housing, drug treatment centers or mental health counseling,” (Lee,

2018, para. 23). Indeed, it is unacceptable that people experiencing a mental health crisis must wait “months” to see a psychiatrist (Minnesota Legislative Reference Library, 2009, p.31).

Safe injection sites have also been considered in Minneapolis (City of Minneapolis Health Department, 2018). Although federal government policies have conflicted in the past with states that wish to start safe injection sites, global scientific research shows positive outcomes when “such places promote safer injection conditions,” ultimately leading to “reduc[ing] overdoses and increase[ing] access to health services” (City of Minneapolis Health Department, 2018; Gordon, 2018, para. 9). Safe injection sites could help stop some of the exploitation and harm caused to Native American women in particular (Dell & Lyons, 2007). Native American women are one of the most exploited groups of people, due in part to the criminalization of drug use and shame of homelessness (U.S. Department of Justice, 2019). If there are regulated injection sites and other harm reduction efforts being employed, it creates a place where women can be safe and secure that hiding in the streets does not afford them (Dell & Lyons, 2007).

Red Lake Nation is one group leading the way for new funding, new housing, and culturally based services (Lee, 2019; Sepic & Nesterak, 2018). There will always be obstacles; Kateri was a St. Stephens transitional housing program for Native American women that operated from 1973 until 2017 when it was no longer financially viable to remain in operation (Du, 2017). American Indian Community Development Corporation (AICDC), Avivo, Minnesota Coalition for the Homeless, Homes for All, Indigenous People’s Task Force and many other nonprofit groups are continuing to fight chronic and hidden homelessness that particularly strain low wealth homes with low-income resources (Minnesota’s 2018–2020 Action Plan, 2018; St. Stephen’s Human Services, 2017). While Indigenous people have shown great resilience, to combat chronic homelessness in the long-term, Indigenous people must be able to look after each other and to offer transparency through services (Peters, 2016).

Education is another key component in preventing and solving homelessness, and Minnesota hopes to combat poverty with collaboration. Private sector, the faith community, and community groups need to conduct a public awareness campaign to educate Minnesotans about the causes of poverty and the consequences that poverty has not only on individuals, but on the overall state economy and quality of life...and correct misinformation about people affected by poverty and to suggest solutions that will help Minnesotans fight poverty and build strong, healthy communities (Minnesota Legislative Reference Library, 2009).

If successful, Minnesota’s plan will help dispel harmful stereotypes and myths that perpetuate ignorance (Aronson et al., 2013). Housing First campaigns are working hard at this by communicating with the public and politicians about the cost and saving potential of harm reduction housing and how it helps avoid emergency room/detox visits and mitigates police expenditures (Jaggi, 2019b). Communities cannot work effectively long-term to solve problems without data to provide a solid understanding of the issue (Peters, 2016). Because affordable housing initiatives do not lower property values, homeowners, neighborhood groups and other organizations must help spread this awareness with the aim of gaining allies in the movement (University of North Carolina, 2009).

Social media is a way to educate and raise awareness about the true cost of homelessness and information can be spread on many platforms quickly (Habenicht, 2015). Community radio stations and nonprofit newspapers can be publishing articles about the cost of ignoring the homelessness crisis (Kraker, 2019). Many coalitions and nonprofits work tirelessly in Minnesota to produce annual data reports; they advocate on behalf of homeless populations and help educate the public and government (St. Stephens Human Services, 2017; Pittman et al., 2020). They could publish this information in several formats to reach more people.

Early childhood prevention and trauma therapy are other ways to prevent homelessness (Gerrard et al., 2015; Heineman et al., 2015). Homelessness related to trauma and intergenerational trauma can be cyclical, so accessibility to high quality mental health care and early intervention services can help prevent adult chronic homelessness (Bethell et al., 2017). For example, ACE (Adverse Childhood Experiences) scores are one way that the fields of human services, social work, and others measure and quantify childhood trauma. High ACE's scores have a correlation to homelessness and medical issues in adulthood (Centers for Disease Control [CDC], 2019; Duncan et al., 2019). Bureaucratic neglect can hurt children with high ACE assessment scores and prevent children receiving the help they need (Yang & Ortega, 2016; CDC, 2019). One example in Minnesota is The Tapestry Organization in St. Paul, which offers culturally inclusive grief therapy, trauma informed therapy, and treatment services that many Native American woman need (Tapestry, 2019; Yellow Horse Brave Heart, 2013). Studies show this type of therapy can break family cycles of trauma, symptoms of poverty, and oppression that contribute to being becoming homeless (Collins et al., 2010).

Last, but perhaps most importantly, morality, ethics, and established organizational values must be at the forefront for service providers on the mission to end homelessness (Lonne et al., 2004). There needs to be compassionate, moral, and ethical people delivering these culturally responsive solutions (Lee, 2019; Minnesota Legislative Reference Library, 2009). This is especially important because “privilege is the other side of oppression” (Pease, 2006, p.3). Those working in the field of public and nonprofit administration must carefully examine their own implicit and explicit biases, must hold each other accountable, and must recognize/call out groups that are perpetuating myths and stereotypes, in acknowledgement of the fact that “corruption has a disproportionate impact on the poor and most vulnerable” (World Bank, 2018, para. 2). This is evident yet again in the wake of racial disparities exasperated by the COVID-19 pandemic (Rosalsky, 2020b; Wright & Merritt, 2020) and of course in the tragic death of Mr. George Floyd in Minneapolis (Hill et al., 2020).

Conclusion

The Native American community and the national homeless community at large still face a crisis whereby stereotypes and myths are perpetuated, and access to essential services is delayed (Aronson et al., 2013). If those in the field can intervene early enough through proactive rather than reactive measures, including culturally specific services for Indigenous people and children, and by facilitating access to high quality mental health care to heal and prevent trauma, then cycles of homelessness, chronic homelessness, and other poverty related issues could be significantly curtailed (Collins et al., 2010).

The issue of chronic homelessness in Native American and other communities is complex and will require interventions in mental health, early childhood, poverty, policies, infrastructures, education, and value shifts (Bethell et al., 2017). Homeless communities lack culturally specific services, data that can help identify problems and solutions, funding, having a voice in their own solutions, and they are impacted by harmful myths and stereotypes that impede access to services (Burkley et al., 2017; Lee, 2018; Peters, 2016). The cost of doing nothing about the current homeless crisis is simply not viable.

Homelessness affects us all and without proactively engaging in ongoing efforts to solve it, Minnesota is missing out on the potential contributions of marginalized people (Minnesota Legislative Reference Library, 2009). Minnesota shows promise, with the right words and proposals to end poverty and homelessness, but whether it can effectively defeat these issues like Medicine Hat in Alberta, or in Finland, remains to be seen. Are the steps to educate enough to dispel harmful myths and stereotypes, or will they fall on deaf ears? The first steps have been taken but the solutions will be reached only from continuous education, transparency, culturally specific services, and data tracking as well as funding these types of services, and of

course an organizational reevaluation of efficacy of services (Minnesota Legislative Reference Library, 2009). In this way, perhaps all of us working in the social services sector can toil ourselves out of a job, and the Twin Cities will no longer be host to infamous Tent Cities.

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